

Case Number:	CM14-0046535		
Date Assigned:	07/02/2014	Date of Injury:	03/23/2010
Decision Date:	08/13/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/14/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology and Pain Medicine and is licensed to practice in Florida. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 51-year-old male who reported an injury on 03/23/2010. The mechanism of injury was not provided. On 05/05/2014, the injured worker presented with pain radiating into the left lower extremity and complaints of pain in the left gluteal bursa. Upon examination, there was weakness to the left tibial anterior radiating dysesthesias to the left lower extremity in an L5 pattern with a positive straight leg raise. With severe tenderness to palpation to the left gluteal bursa. An unofficial x-ray of the lumbar spine demonstrated intact hardware, L4-5 with a solid fusion. The diagnoses were post laminectomy L4-5 with persistent left lower extremity radiating pain and left gluteal bursitis. The current medications included Dendracin, Nexium, gabapentin and Colace. The provider recommended Dendracin. The provider's rationale was not provided. The Request for Authorization Form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

UNKNOWN PRESCRIPTION OF DENDRACIN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Topical Salicylates Page(s): 111, 105.

Decision rationale: The request for an unknown prescription of Dendracin is not medically necessary. California MTUS indicates that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. They further indicate that topical salicylates are appropriate for the treatment of pain. The clinical documentation submitted for review indicated the injured worker had chronic pain. However, there is a lack of documentation that the injured worker had trialed and failed antidepressants and anticonvulsants. Additionally, the provider's request does not indicate the dose, frequency or quantity of the Dendracin cream. As such, the request is not medically necessary.